

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 8

2. STATE:

CALIFORNIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TITLE XIX

4. PROPOSED EFFECTIVE DATE

01-01-00

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

None

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 2,465 PSDb. FFY 2001 \$ 2,465 PSD

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Supplement 2 Attachment 4.19A~~ PSD  
Supplement 6 Attachment 4.19B,  
Pages 1-3  
PSD9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

Reimburse tribal "638" facilities with the most recent rate published in  
the Federal Register

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Governor's office  
does not wish to review any State  
Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

STAN ROSENSTEIN

14. TITLE:

Acting Deputy Director, Medical Care Services

15. DATE SUBMITTED:

3/27/00

16. RETURN TO:

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 28, 2000

18. DATE APPROVED:

6/18/01

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Loren Fuller for

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

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**REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES**

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register, ~~Vol. 66, No. 16,~~ PJO  
~~Wednesday, January 24, 2001.~~ A visit is a face-to-face encounter between a clinic or center patient and a physician, physician assistant, nurse practitioner, nurse midwife, visiting nurse, ...clinical psychologist, clinic social worker, or other health professional for mental health services. The IHS/MOA clinics may bill for up to two visits a day for one patient, if one is a 'medical' visit and the other is an 'other health visit'. A 'medical visit' is defined as a face-to-face encounter between a clinic or center patient and a physician, physician assistant, nurse practitioner, nurse midwife, specialized nurse practitioner, or visiting nurse (in certain circumstances). An 'other health visit' is defined as a face-to-face encounter between an IHS/MOA patient and a clinical psychologist, clinical social worker, or other health professional for therapeutic mental health services

In accordance with 42 CFR Section 405.2446 "Scope of Services," a face-to-face visit is recognized when services are provided in outpatient settings including a patient's place of residence, which may be a skilled nursing facility or other institution used as a patient's home.

A face-to-face visit is also recognized for services furnished in a hospital or other facility under the IHS/MOA provider number if the visit is necessary for continuity of care providing 1) the provider has a written contract with the IHS/MOA to provide the services, 2) the services were furnished only to IHS/MOA patients at the hospital or other location, 3) the patient is treated at that location other than at the IHS clinic for health or medical reasons, and 4) the services provided are of a type commonly furnished in a clinic setting. A September 10, 1996 HCFA letter provided DHS with the above guidelines.

TN No. 00-008

Effective Date: 01/01/00

Supersedes TN: none

Approval Date: JUN 18 2001

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**REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES**

Below is a list of services that may be billed under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Clinical Psychologist
- Clinical Social Worker
- Visiting Nurse
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed vocational nurse, and comprehensive perinatal health worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

Below is a list of other ambulatory services to include but not limited to billing under the IHS all-inclusive rate.

- Optometry
- Dental: Dental services are limited to that specified in Title 22 of the *California Code of Regulations* and the *Manual of Criteria for Medi-Cal Authorization*.
- Physical Therapy
- Occupational therapy
- Speech Pathology
- Audiology
- Podiatry
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Adult Day Health Care
- Telemedicine

**TN No. 00-008**

**Effective Date: 01/01/00**

**Supersedes TN: none**

**Approval Date: JUN 18 2001**

**REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES**

The Implantable contraceptive kit (Norplant) will continue to be reimbursed on a fee-for-service basis.

Non-medical transportation and pharmacy are not included as part of the IHS/MOA visit rate and are reimbursed separately under Medi-Cal fee-for-service.

**TN No. 00-008**

**Effective Date: 01/01/00**

**Supersedes TN: none**

**Approval Date: JUN 18 2001**